Form ID: OH Ohio General Information			
Enter your current Ohio county of residence School district number			[1] [2]
Use Tax			
Purchases subject to use tax			[3]
Contributions			
Amount of charitable contributions you wish to make	to:		_
Military injury relief fund			[4]
Nature preserves and scenic rivers			[5]
Wildlife species and endangered wildlife			[6]
Ohio History Fund			[7]
Breast and cervical cancer project			[8]
Wishes for sick children			[9]
Credits			
Taxpayer		Spouse	
Displaced worker training expenses for 12-month period since loss of job	[10]		[11]
Part-year Resident and Nonresident Information			
If you were a part-year resident during the tax year, enter the dates you lived in Ohio			
	Taxpayer	Spe	ouse
Part-year residency dates:			
From		[12]	[14]
То		[13]	[15]
		Taxpayer	Spouse
Residency status (If taxpayer and spouse are different) (R = Resident, P = Part-year resident, N = Nonresident)		[16]	[17]
State of residency while not a resident of Ohio		[18]	[19]
If foreign, enter country of residency		[20]	[21]

NOTES/QUESTIONS: